

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm		_	C	Telephone Number	Date of In (mm/dd/y		PERMIT#
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			umber and street, city, state, zip code)		3/1Z	/20	19-377
111 W. Market St. New Albury, 12 47150 575 991 8148							
Owner		_	•	Purpose:	Follow-u	p Releas	se Date
1) anit	l M	4 1 N	ıı	1. Routine	NO TODAY		
Owner's A	ddress			Follow-up	Summary of Violations:		
					Summary of violations;		
Person in C	harge			3. Complaint	7		1 🔀
Ana	Lui			4. Pre-Operational	C	NC_	<u> </u>
Responsibl				5. Temporary	3.6 20	/Cl / 1	
responsible	C 1 C130H 3	12-1114	•••	6. HACCP	Menu Ty	pe (See back	of pagej
C UC I D				7. Other (list)		√	•
Certified F	ood Mana /	ger	(8/1-1-1)	7. Other (list)	12	3X	_45
Kocio	a Lu	<u>Cia</u>	(8/15/24)				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			,	orrected By
191	<u> </u>	R	Observed lack of date madeing on bulk	calence and content			
192	C	-	Observed (2) saless past date (8/10) Observed maker cases stored on c	SACE CEITOR	<u> </u>	ľ	
172	NC	†	Maria 1	/ 1 C/		Disca	occ
17'	~ -		conce wher cases speed on c	locat floor		7.00	1
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Received by (name and title printed):  Inspected by (name and title printed):							
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Received by	(signature)	<u>~_</u> :	//	Inspected by (signature):	-21-71 N	-1 (CM)	<del>'/</del>
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